

REPORT OF LOBBYING FIRM
(Government Code Section 86114)

FORM 625
1990

REPORT COVERS PERIOD FROM 01/01/2010 THROUGH 03/31/2010

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.

FOR OFFICIAL USE ONLY

A

B

NAME OF LOBBYING FIRM:

NOTEWARE GOVERNMENT RELATIONS

BUSINESS ADDRESS: (Number and Street)	(City) SACRAMEN - TO	(State) CA	(Zip Code) 95814	TELEPHONE NUMBER:
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MAILING ADDRESS: (If different than above)

PART I - (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.)

- ☒ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT OR
- ☐ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD

☐ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. GRAND TOTAL PAYMENTS RECEIVED: \$ 253716.66
(From Subtotals in Part II)

B. TOTAL ACTIVITY EXPENSES: \$ 0.00
(From Part III, Section A, 3)

C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: \$ 0.00
(From Part III, Section B)

D. GRAND TOTAL PAYMENTS MADE: \$ 0.00
(B + C, above)

E. CAMPAIGN CONTRIBUTIONS MADE:

☒ None This Period ☐ Part IV Completed and Attached

F. IS THE FIRM A MEMBER OF A LOBBYING COALITION ?

☒ No ☐ Yes (Complete and attach Form 630)

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date) <u>04/28/2010</u>	At (City and State) <u>Sacramento CA</u>	By (Signature of Responsible Officer) <u>Frederick Noteware</u>
Name of Responsible Officer (Type or Print) <u>Frederick Noteware</u>		Title <u>Mr.</u>

PERIOD COVERED: 01/01/2010 03/31/2010

NAME OF LOBBYING FIRM: NOTEWARE GOVERNMENT RELATIONS

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number Pharmaceutical Research and Manufacturers of America Sacramento CA 95814				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 1178 AB 1826 AB 2112 AB 2139 AB 2170 SB 341 SB 1071 SB 1106				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 37500.00	\$ 0.00	\$ n/a 0.00	\$ 37500.00	\$ 188513.40
Employer's Name, Address and Telephone Number Silicon Valley Leadership Group San Jose CA 95110				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 118 AB 510 AB 1178 SB 500				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 18800.00	\$ 0.00	\$ n/a 0.00	\$ 18800.00	\$ 69200.00
Employer's Name, Address and Telephone Number Stanford Hospital and Clinics Stanford CA 94305				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 52 Legislature re: Hospitals' seismic safety compliance Office of Statewide Health Planning and Development re: Hospitals' seismic safety compliance Department of - Managed Care re: clinical trials				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 18000.00	\$ 0.00	\$ n/a 0.00	\$ 18000.00	\$ 102000.00
			SUBTOTAL	\$ 253716.66

☒ If more space is needed, check box and attach continuation sheets

PERIOD COVERED: 01/01/2010 03/31/2010NAME OF LOBBYING FIRM: NOTEWARE GOVERNMENT RELATIONS**PART III - PAYMENTS MADE** (Continued)

SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS

Name, Address and Telephone Number of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Period	Cumulative Total to Date
		\$	\$
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.		TOTAL PAYMENTS (Include all subtotals from continuation sheets)	\$ 0.00

PART IV - CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A
Campaign Disclosure Statement: _____

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

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PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number ALS Association--Greater Los Angeles Chapter Agoura Hills CA 91301				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 2170 Dept of Health Services RE: Budget Governor s Office re: Budget				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 6000.00	\$ 0.00	\$ 0.00 n/a	\$ 6000.00	\$ 70000.00
Employer's Name, Address and Telephone Number Bayer Healthcare LLC Tarrytown NY 10591				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 1455 SB 484 SB 1444 Dept of Health Care Services re: Budget Governor's Office re: Budget				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 45000.00	\$ 0.00	\$ 0.00 n/a	\$ 45000.00	\$ 82500.00
Employer's Name, Address and Telephone Number California Dental Association Sacramento CA 95814				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Attachment Reference: 6633				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 32500.00	\$ 0.00	\$ 0.00 n/a	\$ 32500.00	\$ 163737.74
PAGE SUBTOTAL			\$ 83500.00	

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PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number Capital One Financial Corporation McLean VA 22102				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) None				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 0.00	\$ 0.00	\$ 0.00 n/a	\$ 0.00	\$ 35000.00
Employer's Name, Address and Telephone Number Gilead Sciences Inc. Foster City CA 94404				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) None				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 14000.00	\$ 0.00	\$ 0.00 n/a	\$ 14000.00	\$ 98000.00
Employer's Name, Address and Telephone Number Gladfelty Government Relations on behalf of Advaced Medical Technology Association Sacramento CA 95814				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 1733 AB 2139 Dept of Health Care Services re:Budget Governor's office re: Budget				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 2916.66	\$ 0.00	\$ 0.00 n/a	\$ 2916.66	\$ 40833.26
PAGE SUBTOTAL			\$ 16916.66	

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PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number Medical Oncology Association of Southern California Upland CA 91785				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 52; AB 2170; ACR 74				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 8000.00	\$ 0.00	\$ 0.00 n/a	\$ 8000.00	\$ 32304.20
Employer's Name, Address and Telephone Number National Kidney Foundation of Northern California San Francisco CA 94105				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 2170 AB 2352 SB 220 SB 552 SB 1104 SB 1304 SB 1395				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 12000.00	\$ 0.00	\$ 0.00 n/a	\$ 12000.00	\$ 48000.00
Employer's Name, Address and Telephone Number American Association for Marriage and Family Therapy--California Division Santa Barbara CA 93160				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 2191; AB 2435				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 2000.00	\$ 0.00	\$ 0.00 n/a	\$ 2000.00	\$ 2000.00
PAGE SUBTOTAL			\$ 22000.00	

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Employer's Name, Address and Telephone Number Applied Materials Santa Clara CA 95054				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 510 Governor's Office re: cool cars				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 26000.00	\$ 0.00	\$ 0.00 n/a	\$ 26000.00	\$ 74000.00
Employer's Name, Address and Telephone Number CSL Behring Minneapolis MN 55419				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 971				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 10000.00	\$ 0.00	\$ 0.00 n/a	\$ 10000.00	\$ 70000.00
Employer's Name, Address and Telephone Number Association of Northern California Oncologists San Rafael CA 94915				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 52;AB 2170;ACR 74				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 6000.00	\$ 0.00	\$ 0.00 n/a	\$ 6000.00	\$ 30000.00
PAGE SUBTOTAL			\$ 42000.00	

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PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars.)

See Instructions on reverse.)

Employer's Name, Address and Telephone Number

People's Care

West Covina CA 91791

Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)

None

Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 15000.00	\$ 0.00	\$ 0.00 n/a	\$ 15000.00	\$ 15000.00

PAGE SUBTOTAL \$ 15000.00

TEXT ANNOTATION

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Schedule F625

Reference No: 6633

AB 1524 AB 1783 AB 1938 AB 2035 SB 1111 Dept of Health Care Services re: Budget Health and Human Services Agency re: Budget & -
workforce Office of Statewide Health Planning and Development re: workforce